

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42521

FILED JAN 22 1942

State File No. _____

Registration District No. 126

Primary Registration District No. 3030

Registrar's No. 132

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston
(c) Name of hospital or institution 106 Franklin St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 40 Years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Franklin Layton

3. (b) If veteran, name war XX 3. (c) Social Security No. XXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Layton 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 14 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Bloomfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name John Layton
13. Birthplace Stoddard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know
(City, town, or county) (State or foreign country)

18. (a) Informant Mrs. Bertha Layton
(b) Address 106 Franklin St., Charleston, I

17. (a) Burial (b) Date thereof 12/19/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Cemetery Bloomfield, Mo.

18. (a) Signature of funeral director Paul J. ...
(b) Address Charleston, Mo.

19. (a) 12-21-41 (b) J. ...
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miss.
(c) City or town Charleston
(If outside city or town limit, write "RURAL")
(d) Street No. 106 Franklin St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1941 hour 2 minute 55 a. m.

21. I hereby certify that I attended the deceased from Dec 15
1941, to Dec 19, 1941;
that I last saw him alive on Dec 18, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary disease
mitral insufficiency Duration 12 mo.

Due to _____
Due to _____

Other conditions 92 R
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) While at work (e) Means of injury _____
28. Signature Paul J. ... (M. D. or other) _____
Address Charleston Mo Date signed 12/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 142-83

Date Filed 1-16-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ^{and} or by

John F. Dinnel Jr.
working under my personal supervision.

Licenses
Registered Apprentice No. 3851

Signed

E. E. Dinnel

Licensed Embalmer No. 4164

P. O. Address Charleston, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.